



RAY OF HOPE EDUCATIONAL SERVICES, LLC d/b/a

RAY OF HOPE ACADEMY

634 Main Street, Belgium, WI 53004

Mailing Address: P. O. Box 161, Belgium, WI 53004-0161

TUTORING ENROLLMENT FORM FOR PRACTICUM & TECHNIQUE GUIDANCE

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Reflexology Course of Study completed: _____

Instructor's Name: _____

Number of hours in the program: _____ Live Online Combined

Date Completed: _____ (attach completion certificate)



I, _____, desire Lila M. Mueller, CRR, ART (Regd), NBCR, NCREd, to tutor me in hands on application of Reflexology techniques in the area(s) that I have studied: Feet Hands Face Ears. I acknowledge that this is for tutoring only, not teaching a different technique.

Enrollment Fee: \$100.00 (non-refundable)

Hourly Fee: \$40.00 based on actual practicum

Signature: _____ Date: _____

Payment Type: Cash Check Money Order Credit Card Debit Card Zelle

Name on Credit/Debit Card: _____

Card Number: _____ Expiration Date: _____ Code: _____

NOTE: There is a 3.5% fee on Credit and Debit Cards

Telephone: (262) 221-8280

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